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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 01/10/2008 FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED

NAME OF SE	AME OF PROVIDER OR SUPPLIER		G			
MTS	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1044 45TH STREET, NE	12/	13/2007
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W 104 T b	he survey was concurvey process. A rayas selected from a pales with mental resisabilities. The survey bservations in the ground in the governing body radget, and operating the governing body radget, and operating the ground is standard operating the ground in the grou	ay was conducted from through December 13, 2007, fucted using the fundamental andom sample of two clients residential population of two tardation and other ey findings were based on roup home and at one day and a review of records, ident reports.  RNING BODY  nust exercise general policy, direction over the facility.  not met as evidenced by: , interview, and record overning body provided offices.	W 10	00	2007 JAN 23 P 4: 34	DEPARTMENT OF HEALTH HEALTH REGULATION
I. me Windows Do adi adi	The governing body plementation of its relicy.  servation of the even ministration on December 126 PM revealed 126 dications including the servations in the servation including the servation in the ser	mher 12, 2007 having to	<u> </u>	<ul> <li>W104</li> <li>1. See Response for w322</li> <li>2. RN will retrain the medication n properly disposing of medication</li> </ul>	urse on	1-30-08 1-30-08

LABORATIORY DIRECTOR'S OR PROVIDE VSUPPLIER REPRESENTATIVE'S SIGNATURE

(X8) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient proteixion to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(22)	40.55 2000		OMB N	IO. 0938-039
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		09G005	B. Wil	NG		}	
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W 104	Continued From pa	ige 1	W 1	04			<del></del>
W 124	e-administer and in continued observations disposed of the facility and continued in Client #2 device of the facility and completely and the firms of the signification revealed in Client #2 device of the significance with facility and coordance with facility must ensure the facility arent the client's medical behavioral statuted.	y's policy for disposal of dithat medications should be hing them and/or melting diffushing down the drain. At revey, the facility failed to Depakote was disposed of in cility policy. TECTION OF CLIENTS  sure the rights of all clients, must inform each client, a minor), or legal guardian, all condition, developmental us, attendent risks of	W 12				
T) B: re- ini de- ris tre- inc	nis STANDARD is ased on observation view, the facility fail and formed of the client and backs of treatment and ba	not met as evidenced by: in, interview and record illed to ensure the rights of eir legal guardian to be it's medical condition, ehavioral status, attendant at the right to refuse the two clients (Client #1)					
	·3 *························	i					- 1
M CMS SEPTIM	2-99) Previous Version (2)			.   '			1
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<u> CENT</u>	ERS FOR MEDICAR	H AND HUMAN SERVICES E & MEDICAID SERVICES			FOF	ED: 01/10/200 RM APPROVE
しついひりにはに	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE	O. 0938-039 SURVEY PLETED
NAME OF	PROVIDER OR SUPPLIER	09G005	B. WING		12	/13/2007
MTS			}	REET ADDRESS, CITY, STATE, ZIP CODE 1044 45TH STREET, NE WASHINGTON, DC: 20019	<u> </u>	/13/2007
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	Observation of the administration on I at 5:26 PM reveale medications including and Topomax. Interpretation of the administration on I at 5:26 PM reveale medications including and Topomax. Interpretation of the aforer used to address the Subsequent to the observation, the De Orders (POS) were client #1 was presc. Hydrochloride to ad This corroborated in House Manager (HI 12:55 PM, and refleused to control behia Behavior Support This interview with the Client #1 was not caconsent for the use habilitation service in that Client #1 has indid not have a legal Review of Client #1's 2007 at approximate client's psychologica 2007. According to not able to make independently a proximate client's psychologica 2007. According to not able to make independently his residing treatment plans or find concerning his residing the survey, the facility that Client #1's treatment Client	evening medication December 12, 2007 beginning d Client #1 received ng Phenobarbital, Depakote, arview with the medication edication administration, nentioned medications were dication administration cember 2007 Physician's reviewed and reflected that ribed Naltrexone diress self injurious behaviors. Information provided by the M) on December 12, 2007 at cted that the medication is aviors used in conjunction with Plan (BSP).  The HM also revealed that pable of giving informed of his medications and eeds. The HM also indicated rolved family members but guardian appointed.  The records on December 13, by 3:30 PM revealed the l assessment dated June 2, the assessment Client #1 Tipe  The control of the con	W 124		his h her and ne	1-30-08

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W 124	the ha au 48 CL Th pa ch lim or The Ba fail	thorized representations and the series of guardian anges in the clientation and the serious illumentations of the serious and the serious of	If the right to refuse treatment, to him and a legally sative.  IJUNICATION WITH  S. &  fy promptly the client's of any significant incidents, or is condition including, but not ess, accident, death, abuse, ence.  Inot met as evidenced by:  Ind record review, the facility ence that family members.	W 1	124			
	The Rey On Wassing International Communication Communicati	re flottled promption of the two clients aple.  If finding includes:  If the facility's tember 12, 2007, aled the following observed on Client the day program the client's foot had the client to the esubsequently diagnous the should be noted Qualified Mental FRP) on December of the digit of the digit of the client to the esubsequently diagnous flower than the client to the client to the client to the esubsequently diagnous flower than the client to the	of significant incidents for (Client #1) included in the investigative reports on beginning at 2:10 PM.  , staff reported that blood at #1's sock after returning The report also indicated to been caught in the van reassessed the client and mergency room. The client mosed with a fractured right that interview with the HM letardation Professional 12, 2007, revealed the at was categorized as a terview with the HM on 12:55 PM revealed Client		W148 The QMRP spoke with the siste #1 about the incident, but did not the conversation in her notes. In the QMRP will document such conversations in her notes. The sister was satisfied with the handled the incident. She raised on issues.	ot document the future,	1-18-08 1-5 <b>-</b> 08	

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	ge 4	W/ 14	R		/ <u></u>
#1 had involved fan Was no evidence pr Client #1's family va aforementioned inc	nily members, however, there ovided to substantiate that as notified of the ident.				
463.420(d)(1) STAF CLIENTS	F TREATMENT OF	W 14	9		
horicles and proced	ures that probibit				
failed to establish an ensured the health a dients (Client #1) in	and record review, the facility and/or implement policies that and safety of one of the two cluded in the sample.				
The facility failed to management policy implemented in acc:	ensure its incident				
regulations.  A. Interview was continuouse Manager (HM 1/29 PM to ascertain facility's incident manage informed of an inabout the incident with M, who in turn, would be incident Manage ince the information ince incorporating system open incessibility Services (f.)	inducted with the facility's on December 12, 2007, at information about the nagement system. According aff observed, discovered, or incident, the information to see verbally reported to the old report that information to ment Coordinator (IMC), was reported to the IMC, information into an incident trated by the Department on IMC). The IMC was		reporting and proper document All new staff will receive traini QMRP within their first work y	ation by ng via the veek as a	1-30-()8
	RS FOR MEDICAFIE TOF DEFICIENCIES OF CORRECTION  SUMMARY STA  SUMMARY STA  (EACH DEFICIENCY REGULATORY OR L  Continued From pa #1 had involved far was no evidence pr Client #1's family wa aforementioned inca 483.420(d)(1) STAF  CLIENTS  The facility must des policies and proced mistreatment, negles  This STANDARD is Based on interview failed to establish an ensured the health a clients (Client #1) irre  The finding includes The facility failed to management policy implemented in acc: regulations.  A. Interview was con House Manager (HM 1:29 PM to ascertain facility's incident man facility's incident Manager Once the information the Incident Manager Once the Incident Man	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4 #1 had involved fa mily members, however, there was no evidence provided to substantiate that Client #1's family v/as notified of the aforementioned incident. 463.420(d)(1) STAFF TREATMENT OF CLIENTS  The facility must develop and implement written policies and procetlures that prohibit mistreatment, negliact or abuse of the client.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility falled to establish and/or implement policies that ensured the health and safety of one of the two clients (Client #1) included in the sample.  The facility failed to ensure its incident management policy was developed and/or implemented in accordance with the federal	RS FOR MEDICAFIE & MEDICAID SERVICES TO PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  #1 had involved fa mily members, however, there Was no evidence provided to substantiate that Client #1's family vas notified of the aforementioned incident.  483.420(d)(1) STAFF TREATMENT OF CLIENTS  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to establish and/or implement policies that ensured the health and safety of one of the two clients (Client #1) included in the sample.  The finding include::  The facility failed to ensure its incident management policy was developed and/or implemented in accordance with the facility's House Manager (HM) on December 12, 2007, at 1:29 PM to ascertain information about the racility's incident management system. According to the interview, if staff observed, discovered, or was informed of an incident, the information about the incident was verbally reported to the HM, who in turn, would report that information to the incident Management Coordinator (IMC). Once the information was reported to the IMC, the IMC entered the information into an incident eporting system operated by the Department on lisability Services (CIDS). The IMC was	RS FOR MEDICAF & MEDICAD SERVICES TO PERGENORS OF CORRECTION  OSG005  REVIDER OR SUPPLIER  OSG005  REVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (ACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4 H had involved family members, however, there was no evidence provided to substantiate that clilent #1's family vas notified of the afforementioned in:ident. 483.420(d)(1) STAFF TREATMENT OF CLIENTS  The facility must develop and implement written policies and proceutures that prohibit mistreatment, neglect or abuse of the client.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to establish and/or implement policies that ensured the health and safety of one of the two clients (Client #1) included in the sample.  The finding includes:  The facility failed to ensure its incident management policy was developed and/or implemented in accordance with the facelar regulations.  A Interview was conducted with the facility's house Manager (HM) on December 12, 2007, at tage Manager (HM) on December 12, 2007, at tage Manager (HM) on December 12, 2007, at tage Manager (HM) on December 14, 2007, at tage Manager (HM) on December 16, 2007, at tage Manager (HM) on December 16, 2007, at tage Manager (HM) on December 17, 2007, at tage Manager (HM) on December 18, 2007, at tage Manager (HM) on December 19, 2007, at tage Manager (HM	RSPORMEDICAFE & MEDICAID SERVICES  OMB N  OF DEPRESENCES  ON PROVIDERSUPPLIER OUT PREVIDENCES  ON PROVIDERSUPPLIER OUT PREVIDENCES  OS MULTIPLE CONSTRUCTION  REWINDER OR SUPPLIER  SUMMARY STATEMENT OF DEPLIENCES  (EACH DEPRICIENCY MUST BE PRECEDED BY PILL RESULATORY OR LSC IDENTIFYING INFORMATION)  RESULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  #1 had Involved family members, however, there was no evidence provided to substantiate that afforementioned invident.  483.420(6)(1) STAFF TREATMENT OF CLIENTS  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglact or abuse of the client.  This STANDARD is not met as evidenced by. Based on interview and record review, the facility falled to establish and/or implement policies that dissured the heath and safety of one of the two clients (Client #1) included in the sample.  The facility failed to consure its incident management policies with the facility's House Manager (H/N) on December 12, 2007, at 129 PM to ascertain information about the incident management system. According to the interview, if staff observed, discovered, or was informed of an incident, the information to the incident management policies to the information was reported to the IMC, line the information was reported to the IMC, line the information into an incident porting system operated by the Department on leasibility Services (IDES). The IMC week

PRINTED: 01/10/2008

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPFLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B, WING 09G005 12/13/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MTS 1044 45TH STREET, NE WASHINGTON, DC: 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) W 149 Continued From page 5 W 149 was also noted that all required verbal notifications, including notifications to the family or guardian, were made by the HM within 24 hours. The HM also revealed that the Department of Health was not verbally notified but was notified in writing by the IMC within five working days. The interview with the HM also revealed that the facility stopped using hand written incident report forms approximate y two years ago; at that time, the system described above (IMC documenting incidents) was initiated. The HM also revealed a new incident reporting system was developed that included requirements for staff to document incidents on an incident report form. According to the HM staff were in-serviced on that system in October 2007. Individual interviews were conducted with two staff on December 12, 2007 at 1:52 PM and 1:55 PM respectively, to ascertain if they were aware of the new system. According to the interviews, the staff were not aware of the required documentation form (incident Report Horm). B Review of the facility's investigative reports on December 12, 2007, beginning at 2:10 PM revealed the following: The incident cited was reported to the Department of Health. An incident On February 20, 2007, staff reported that blood report was sent. In the future, MTS was observed on Client #1's sock after returning staff will indicate on the incident 1-30-08 from the day program. The report further reporting form that DOH was revealed that the client's foot had been caught in contacted. the van lift. The residential nurse assessed the The QMRP will review all incident client and sent the client to the emergency room. reports before they are submitted to insure The client was subsequently diagnosed with a the above. 1-30-08 fractured right toe. It should be noted that interview with the HM and Qualified Mental Retardation Professional (QMRP) on December

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	NO FOR WEDICARE	& MEDICAID SERVICES				OMB NO	. 09313-0391
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		09G005	B. WIN	IG	•	12/1	3/2007
NAME OF F	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 127 1	<u> </u>
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060.00	24074			W	ASHINGTON, DC 20019		
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W 149	Continued From pa		W 1	49			
	12, 2007, revealed	that the aforementioned					
	incident was catego	prized as neglect. Additionally,					{
	reported to the Den	nce that the incident was partment of Health (DOH).		)	O Merch Co.		
	inpoint to the Deli	saturcal of Health (DOH).			<ul> <li>C. MTS' incident management generally indicates DOH as an entity</li> </ul>	uide to be	
i	C. The facility's inc	ident management and			contacted and faxed an incident re	port copy.	1-20-08
ĺ	reporting policy (rev	/ised1/15/06) was reviewed on I			(See attachment)	ruce supp.	1 20 00
	information:	, and revealed the following		1			1
		·		- 1		ļ	
	- The Program Dire	ctor/QMRP is to ensure					
1	timely notification of	any and all allegations of		1			
	authorities In acco	istreatment to the appropriate rdance with our regulatory			·		
ı	requirement, any si	ch allegations should be				,	
	reported within 24 h	ours of the initial verbal			•		
	report. The agencie	s to be notified include DDS.					
	and other agencies	ion on Health Care Finance depending on the nature and		1			
ļ	severity of the occur	rence.					
ì	#						
	incidents on an "Uni	sponsible for recording usual Occurrence/Incident		ļ		ļ	
	Form."	isual Occurrence/Incident			i .	ĺ	
1	-The QMRP was re	sponsible for contacting the					
	client's family within	48 hours of the incident.					
	Note: Interview with	the HM on December 12,		İ			
	2007 at 12:55 PM re	vealed Client #1 had involved		- [			İ
	family members.			- [	•		. •
}	At the time of the su	vey, incident reports were					į
ł	not available for revi	iew. Additionally, the facility ↓					
Ì	ratiled to brovide evid	dence that the policy was					1
	witten in accordance	e with the regulations to					'
i	(See also W148 and	etions were made as required.					ĺ
W 153	483.420(d)(2) STAF	TREATMENT OF	W 15	22			j
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MTS, Inc.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/10/2008 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G005 12/13/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MTS 1044 45TH STREET, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENC!) MUST BE PRECEDED BY FULL (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) W 153 Continued From page 7 W 153 CLIENTS The facility must er sure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported irhmediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all allegations of neglect and injuries of unknown origin were reported immediately to the administrator or to other officials in accordance with state law [22 DCMR Chapter 35 3519.10 through established procedures for one of the two clients (Client #1) included in the sample. The finding includes: Review of the facility's Investigative reports on December 12, 2007, beginning at 2:10 PM revealed the following: Oh February 20, 2007, staff reported that blood was observed on Client #1's sock after returning

from the day program. The report further revealed that the client's foot had been caught in the van lift. The residential nurse assessed the

client and sent the client to the emergency room. The client was subsequently diagnosed with a fractured right toe. It should be noted that interview with the HM and Qualified Mental Retardation Professional (QMRP) on December

12, 2007, revealed the aforementioned incident was categorized as neglect.

FORM CMS-2567(02-99) Previous Versions Ot solcle

Event ID; 170Z11

Facility ID: 09G005

If continuation sheet Page 8 of 16

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 01/10/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE S	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETION DATE
	report for the aforer time of the survey, provided for review.	Pualified Mental Retardation P) on December 13, 2007 was tain if there was an incident mentioned incident. At the no incident report was Therefore, there was no	W 153	W153 A copy of the incident report cited has been placed in the client records. The QMRP will routinely follow up with the IMC to ensure that final versions of the incident reports are returned to the home		1-20-08
	evidence that notification facility's administrative Health (DOH) as respectively (3) STAI CLIENTS	cations were made to the cor and the Department of quired. FF TREATMENT OF	W 154	and appropriately filed on a rou The QMRP will audit the recor- to insure routine compliance.	appropriately filed on a routine basis.  QMRP will audit the records monthly	
	This STANDARD is Based on interview failed to ensure that neglect and injuries thoroughly investiga (Client #1) a includes The finding includes Review of the facility December 12, 2007 revealed the following on February 20, 200 was observed on Clifforn the day program revealed that the cliethe van lift. The residence was sent to the cliethe van lift.	inot met as evidenced by: and record review, the facility all allegations of abuse and of unknown origin were ted for one of the two clients d in the sample.  It is investigative reports on beginning at 2:10 PM g:  If, staff reported that blood ant #1's sock after returning in. The report further ant's foot had been caught in idential purse assessed the				
1	The client was subsificatured right toe. If interview with the HM	lient to the emergency room. equently diagnosed with a should be noted that and Qualified Mental conal (QMRP) on December		·		

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NAME OF	PR(	VIDER OR SUPPLIER	090005			12/	13/2007
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W 154	1 7	ontinued From pag	ge 9	W.		<del></del>	<del>- </del> -
	1	2, 2007, revealed t cident was catego	hat the aforementioned rized as neglect.	•			
W 156		n December 12, 22 to staff on duty and cident. However, to eased evidence of ember being interviewed at the timesclose any informatic QMRP revealed as not interviewed at the facility.	sponding investigation for the and interview with the QMRP 007 revealed that there was a present at the time of the the investigative report only one direct care staff riewed (the van driver). Was conducted with the fine second person was ne of the investigation to tion regarding the incident, that the second staff person and was no longer employed.		W154 The QMRP is incorrectly quot second staff member was interstated she did not see what hap was not asked to write a brief sthat effect which was an error. residential Director will retrain to insure that all parties who ar of an incident are interviewed a statements are taken regardless did or did not see or hear. The primary staff person proving facts, which are not in dispute. appropriate action based on tha	viewed but pened. She tatement to The the QMRP e at the scene and of what they led the key MTS took	1-30-08 1-5-08
	or Wit	to other officials in him five working de					
	fail rev five	ed to ensure requirement is a consideration of the construction of	not met as evidenced by: nd record review, the facility red Investigations were nistrator or designee within one of the two clients the sample.				
1	- 1	e finding includes:	ı				
ſ	-4,	riew of the facility's ember 12, 2007. It ealed the following	investigative reports on peginning at 2:10 PM				;
M CM\$-258	7(0)	001 G-1-1-1 14					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT AND PLAN OF	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE (	). <u>0938-039</u> SURVEY	<u>)7</u>
			A. BUILDI	NG	COMP		
NAME OF PR	ROVIDER OR SUPPLIER	09G005	B. WING		12/	13/2007	
MTS			1 '	REET ADDRESS, CITY, STATE, ZIP CO 1044 45TH STREET, NE WASHINGTON, DC: 20019			
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W Time B	ran observed on the many programmers and sent the citient and sent the citient and sent the citient and sent the citient and sent the citient and sent the citient and sent toe. Interview with the Flatardation Profess (2, 2007, revealed the incident was categorally and correspondent (not dated) in December 13, 20 and the investigation dministrator or designates were observed in the administrate: 83.430(e)(1) STAFF (he facility must pronitial and continuing mployee to performantly and compared in the facility fac	ion, staff reported that blood lient #1's sock after returning im. The report further ient's foot had been caught in sidential nurse assessed the client to the emergency room. It is should be noted that M and Qualified Mental sional (QMRP) on December that the aforementioned inized as neglect.  Is ponding investigation for the and interview with the QMRP 207 failed to provide evidence in was reviewed by the signee as required. Blank and for the incident manager of.  If TRAINING PROGRAM evide each employee with a training that enables the in his or her duties effectively, betently.  Interview and record lied to ensure that each died with initial and continuing the employee to perform his ely, efficiently, and	W 189	<del></del>	or Residential MRP failed to ed document the the unsigned ment was C and chment) and a me.	1-20-08	
RM CMS-2567(	02-99) Pravious Versions (	the effective of the second of	<u></u>		1		1

MTS, Inc.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/10/2008 CENTERS FOR MEDICARIE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) PATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G005 12/13/2007 NAME OF PROMDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1044 45TH STREET, ME MTS WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX iD PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENC) MUST BE PRECEDED BY FULL ·(X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LISC IDENTIFYING INFORMATION) TAC CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 189 Continued From page 11 W 189 staff were effectively trained on the facility's Incident Management policy. (See W149, I) 2. The facility failed to provide evidence that 2. The lead RN will retrain the medication 1-30-08 nursing staff were effectively trained on the nurses on MTS' policy on the disposal of medication disposal policy. (See W104) medications by 1-30-08 W 209 483 440(c)(2) INDIVIDUAL PROGRAM PLAN W 209 Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. This STANDARD is not met as evidenced by: W209 Based on Interview and record review, the facility Client #2 cannot sign his name but is failed to provide evicence that Client #2 assisted in making his "mark" with support participated in his ar nual Individual Support staff then writing in his name. This did not Planning (ISP) meeting.

The finding includes:

Interview with the Qualified Mental Retardation Professional (QMRP) on December 13, 2007 revealed Client #2 participated in his Individual Support Plan (ISP) meeting. However review of the attendance record for the annual meeting dated July 6, 2007 did not include Client #2's name.

W 214 483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN

The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.

Tris STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure Client #1 received a Client #2 cannot sign his name but is assisted in making his "mark" with support staff then writing in his name. This did not occur in the last meeting although he was present. This was an oversight not caught in the audit process. The QMRP will insure that client #2 "signs" in the future, and a late entry will be done to verify his attendance and participation in the last meeting.

The residential Director will review all ISPs before they are submitted.

1-30-08

FORM CMS-2567(92-89) Previous Versions Ot solete

Event ID: 170Z11

Facility ID: 08G005

W 214

If continuation sheet Page 12 of 16

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/10/2008 CENTERS FOR MEDICARIE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G005 NAME OF PROVIDER OR SUPPLIER 12/13/2007 STREET ADDRESS, CITY, STATE, ZIP CODE MTS 1044 45TH STREET, NE WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION Ю PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X:3) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 214 Continued From page 12 W 214 comprehensive psychiatric assessment. Tithe finding includes: Observation of the evening medication administration on December 12, 2007 beginning at 5:26 PM revealed Client #1 received medications includir g Phenobarbital, Depakote, and Topomax. Interview with the medication nurse during the medication administration, revealed the aforementioned medications were used to address the client's seizure disorder. Subsequent to the medication administration observation, the December 2007 Physician's Orders (POS) were reviewed and reflected that client #1 was prescribed Nattrexone Hydrochloride to address self injurious behaviors. This corroborated information provided by the House Manager (HM) on December 12, 2007 at 12:55 PM, and reflected that the medication is used to control behaviors used in conjunction with W214 a Behavior Support Flan (BSP). A full psychiatric assessment will be An interview was conducted with the Qualified completed by 1-3()-08 Mental Retardation Professional (QMRP) on The OMRp and lead RN will audit the December 13, 2007 to ascertain if Client #1 had a medical records no less than quarterly to 1 - 30 - 08comprehensive psychiatric assessment to justify ensure all assessments are current. the use of the behavior modification drugs and his corresponding psychiatric diagnoses (Intermittent Explosive Disorder). At the time of the survey, the facility lacked evidence that Client #1 received a comprehensive psychiatric assessment, 483.440(f)(3)(ii) PROGRAM MONITORING & W 263 W 263 CHANGE The committee should insure that these programs are conducted only with the written informed

mihor) or legal guardian.

consent of the client, parents (if the client is a

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS	FOR MEDICARI	AND HUMAN SERVICES  & MEDICAID SERVICES			FOR	D: 01/10/200: MAPPROVED	D
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AND PONTOR	ORRECTION	IDENTIFICATION NUMBER:	A. BUIL		(X3) DATE: COMPL		
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W 263 C	ntinued From pa	je 13	W 26	DEFICIENCY)	<del>-</del>		1
Correction of the correction o	sed on observation iew, the facility's and the facility's and the end only with writtee that (Client #1) income finding includes: servation of the endinistration on Decize PM revealed dications including a Topomax. Interest of the aforement of the address the end of the address the end of the address the end of the address the ending the medical of the address the endine the endine th	vening medication cember 12, 2007 beginning Client #1 received Phenobarbital, Depakete, view with the medication dication administration, entioned medications were					
obs Ord Clie Hyd This House a Ba The at 1: Capa his r Invo	esequent to the mervation, the Deciers (POS) were not #1 was prescribly rechloride to additionally to corroborated infections and the control behave the control behave a single port Public of giving informedications and held further reveal	edication administration sember 2007 Physician's eviewed and reflected that ped Naltrexone ress self injurious behaviors. crmation provided by the on December 12, 2007 at ted that the medication is		W263 See Responses for W124			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARIE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION		DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	FUNCTION OF THE PROPERTY OF THE STREET OF TH	ent's psychological psychologi	s records on December 13, sely 3:30 PM revealed the all assessment dated June 2, the assessment dated June 2, the assessment, Client #1 "is lependent decisions lential or day placements, inancial affairs. He lacks the assary to understand the decisions and therefore medications and therefore medications and therefore medication (Revia). At exp. the facility failed to ensue as were obtained prior to as restrictive practice.  In CIAN SERVICES wide or obtain preventive and exp. and record review, the facility and record review and record review and record review.	W 3		W322 1. PT recommended Botox in the wrists and fingers for cl Nursing and QMRP schedu appointment. At the time of appointment, the homes's vinoperable as indicated by the Also as indicated, MTS' QI Nursing made an alternative arrangement for transportation of the approved medicaid provendors. The vendor failed client #2 and did not notify issues it was having with the appointment. This is a comproblem with transportation and the reason the MTM condeveloped. MTS reschedule appointment for the first available to be in N	ient #2. iled the if the ehicle was he surveyor. MRP and c ion via one rovider to pick up MTS of any e non vendors ntract was d the allable date		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/10/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	Torre source		OMB N	IO. 0938-03
AND FOAN I	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION ING	(X3) DATE	E SURVIEY PLETED
		09G005	B. WING		}	
NAME OF F	ROVIDER OR SUPPLI	ĒR	— <u> </u>		12	/13/2007
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(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	<del>!</del>	WASHINGTON, DC 20019		
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	An interview was Manager and the Professional (QN 3:30 PM to ascer follow-up service the facility's van hot the follow-up vitransportation was however, the ventre appointment.  2. On December 2:5 medical recombined and recombined a	page 15  conducted with the House e Qualified Mental Retardation (RP) on December 13, 2007 at tain the reason for the untimely s. The interview revealed that had been inoperable at the time isit (June 2007) and carranged with a local vendor, dor failed to pick the client up for  13, 2007 at 2:09 PM, Client and was reviewed and revealed Dardiologist on February 7, form also indicated that the knod chemistries that were commended that they be client's Primary Care Physician  and that were collected on revealed the following: ference range (74 - 105) ference range (74 - 105) ference range (15 - 37) ference range (28 - 77)  stician's note dated March 6, ed the aforementioned lab here was no evidence that the fere addressed or managed.	W 322		ed from  at is is point eed to use future  rmal values I to write y are er follow let the PCP I write a omes of the medical cerns and	1-18-08 1-13-08 1-20-08
4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			]  -			

AND PLAN	CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI 09G005		(X2) MULT A. BUILDIN B. WİNG	*	(X3) DATE	SURVEY LETED
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R 000	NITIAL COMMENT	rs		R 000			
R 124	December 12, 2007 A random sample of from a residential point of the survey findings were the group home and interviews and a resumusual incident reparts.  The facility shall obto check from the Metro in a resumble control in the survey in	y was conducted from through December through December two residents was so opulation of two male and other disabilities. based on observati d at one day program view of records, include corts.  JND CHECK REQUII ain a criminal backgr ropolitan Police Depar frment of Justice, or f	13, 2007. selected s with The ons in ding REMENT	R 124			
-	Based on interview a GHMRP failed to en obtained a criminal I Metropolitan Police Department of Justic The finding includes Review of the GHMF December 13, 2007'.	RP's personnel files on revealed the GHMR	ords the laff had om the U.S. agency.		R 124 Attached are the copies of the crichecks for staff (2) cited. MTS completed criminal backgrochecks for all new staff prior to a final decisions to hire. Personnel records are audited at a quarterly (main office files) to instull and complete and to proactive staff of pending issues.	ound naking ninimum sure all are	1-20-08
					•		
alth Regulat	on Administration	·			· · · · · · · · · · · · · · · · · · ·		
BORATORY	PRECTOR'S OR PROVIDE	R/SUPPLIED DEDDERCHT	·		TITLE		(X6) DATE

MTS, Inc.

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PRINTED: 01/10/2008 FORM APPROVED

If continuation sheet 1 of 8

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		
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VAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY	, STATE, ZIP CODE		<u>/13/2007</u>
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1000	INITIAL COMMEN	s	1 000			<del></del>
1 090	A random sample of from a residential prental retardation a survey findings were the group home and				·	
	The interior and extending an asset and sanitary manne	erior of each GHMRP shall be	1 090			
	pased on observation					
1	Observation during t	tie environmental walk er 16, 2007 and interview with Retardation Professional				
2	2. The back door wa door frame, and the l close securely.	f the refrigerator was  as not properly affixed to the back storm door did not		3504.1 MTS is relocating the individuals at 45 <sup>th</sup> street to a new home in bet condition. The move will occur by	ter overall	2-15-08
ı Kegulati	ion Administration					
_		R'SUPPLIER REPRESENTATIVE'S SIG		Title		(X6) DATE

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MTS, Inc.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIF	OF DEFICIENCIES CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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1 208 Continued From page 1	-	1 206				
1 206 3509.6 PERSONNIEL POLICIE	ES i	1206	ς.			
Each employee, prior to employ annually thereafter, shall provincertification that a health invence performed and that the employ would allow him or her to perform duties.  This Statute is not met as evidence of interview and record GHMRP failed to ensure that exprior to employment and annual provided evidence of a physicial that documented a fealth inverperformed and that the employ would allow him or her to performed duties.	de a physician 's tory has been yee 's health status firm the required  lenced by: review, the sach employee, ally thereafter, an's certification ntory had been see's health status		3509.6 All of the staff and consultants hav notified and must submit updated herrificates by 2-20-08. Failure to comply will result in remfrom the work schedule and possib action.	nealth noval	2-20-08	
The finding includes:  Interview with the Qualified Mel Professional (QMRP) and revies personnel files on December 1: the GHMRP failed to provide encurrent health certificates were direct care staff the CIMRP, one consultants.  1271 3513.1(b) ADMINISTRATIVE REACH GHMRP shall maintain for agency 's inspection, at any time administrative records:  (b) Personnel records for all standescriptions either at the GHMRP.	ew of the GHMRP's 3, 2007, revealed vidence that on file for two e nurse and five  ECORDS reach authorized he, the following	l 271	3513.1 (b) MTS has personnel files for all of it nursing personnel and the podiatrist routinely uses. A number of nurses deficiencies that are being addresse currently. All nursing personnel file full and complete by	it have file d	2-20-08	
ealth Regulation Administration				·—l.		

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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE DENTIFICATION NU	R/CLIA MBER;	A BUILDIN	PLE CONSTRUCTION G	(X3) DATE COMP	
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1 271	Continued From pa	ge 2		1 271			
	office and made av	ailable upon request;					
	This Statute is not	net as evidenced by	:	İ			
	GHMPD follow to a	and record review, the	ie				
	maintained personn	ovide evidence that it let records for all of it	s staff.		•		
İ	The finding includes						
	Professional (QMR)  personnel records of revealed that there	Lalified Mental Retal f') and review of the Con on December 13, 200 were missing person rg staff and for the Po	3HMRP 7				
J 379	3519.10 EMERGEN	ICIES		1 379	•		
·	Health, Health Facili unusual incident or a interferes with a resi arrangement, well be places the resident a be made by telephol followed up by writte	porting requirement in notify the Departmen ities Division of any of event which substantifient 's health, welfareing or in any other wat risk. Such notificatione immediately and sen notification within its or the next work divisions.	t of ther ially re, living /ay on shall hall be		:		
	pased on interview a GHMRP failed to end Health, Intermediate immediately notified substantially interfere that written notification	net as evidenced by: and record review, the sure the Department Care Facilities Division of unusual incidents for any with a resident's he on was forwarded with for one of the two resided in the facility.	of on was that ealth, or				

STATEMENT AND PLAN O	TOF DEFICIENCIES OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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I 401	December 12, 2000 revealed the following form the person of the caught in the van life assessed the residual feet and the emergency root subsequently diagnities and the emergency root subsequently diagnities and the emergency root subsequently diagnities and every aforementioned incomplete.  Interview with the Conducted to ascert a for the aforestime of the survey, provided for review evidence that notific Department of Head S520.3 PROFESSIND PROVISIONS  Professional service and evaluation, included evaluation, included evaluation or furtices and services, and services are services and services are services and services are services and services are services and services are services and services are services and services are services and services are services and services are services and services are services and services are services are services and services are services a	ty's investigation report, beginning at 2:10 Fing:  307, staff reported that tesident #1's sock attay program. The relatithe resident's foot if. The residential nument and sent the resident was losed with a fractured that interview with the etardation Profession ber 12, 2007, revealed that interview with the etardation Profession ber 12, 2007, revealed that interview was an important of the etardation of the sand incident report was an important of the etardations were main the (DOH) as required to NSERVICES: GEN as shall include both that and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments and needs, treatments are the provinces of function by the provinces of function by the provinces of function by the provinces and needs, treatments are the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinces of function by the provinc	at blood er port nad been rse dent to d right toe. HM and al ed the d as rdation 2007 was ncident At the s as no de to the diagnosis f ent ent y the	1 379	3519.10  The QMRP spoke with the sister of #1 about the incident, but did not of the conversation in her notes. In the QMRP will document such conversations in her notes.  The sister was satisfied with the will handled the incident, She raised not on issues.  The QMRP will retrain all staff on reporting and proper documentation. All new staff will receive training QMRP within their first work weed part of their in-home orientation.  The incident cited was reported to Department of Health. An incident was sent. In the future, MTS staff will incident reports before they are submitted to the above.  MTS' incident management guide indicates DOH as an entity to be coand faxed an incident report copy. attachment)	document are future, aray MTS of concerns a incident on by via the k as a the treport will form that to insure	1-18-08 1-30-08
tealth Regula	ion Administration	met as evidenced by	<u>-</u>	·			

Statement And Plan C	MENT OF DEFICIENCIES AN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A BUILE		(X3) DATE S		
NAME OF D		09G005		B. WING		4-4	
MAME OF M	OVIDER OR SUPPLIER		STREET AD	DRESS, CITY	, STATE, ZIP CODE	12/1	3/2007
MTS			1044 45T WASHING	H STREET STON, DC	. NE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE	8	les .			
PREFIX TAG	リー・(じんしき ひききんがきなこ)	Y MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FF4 44 .	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	<b>コルク bc</b>	(X5) COMPLETE DATE
	Continued From pa	_		1401	3520.3		
	The findings included in the same for one of the included in the same findings included. The findings included in the same findings included. The findings included in the same findings included findings included include	ent #2's medical record at 1:47 PM revealed en by a Physical The D7. The consultation ent #2 was to return for six weeks. Continuent's record revealed turn for follow-up service approximately six monducted with the Hotualified Mental Retard') on December 13, 2 the reason for the united to pick the clienter with a local with a lo	eventive ent #2)  ord on  rapist form or ed he ces until onths  use dation 007 at ntimely that he time endor; nt up for ient ealed y 7, t the re ysician		PT recommended Botox injection wrists and fingers for client #2. N QMRP scheduled the appointment time of the appointment, the home vehicle was inoperable as indicated surveyor. Also as indicated, MTS and Nursing made an alternative arrangement for transportation via the approved medicaid provider v. The vendor failed to pick up clien did not notify MTS of any issues i having with the appointment. This common problem with transportation vendors and the reason the MTM was developed. MTS rescheduled appointment for the first available that happened to be in November. has received the Botox injections a benefitted from them.  MTS has a back up van that is whe accessible at this point which will the need to use transportation vend future emergencies.	ursing and at. At the es's ed by the ' QMRP  one of endors. t #2 and it was is a ion contract the date but Client #2 and has eelchair elliminate	
alth Regulation	nuary 23, 2007 rev	ealed the following:	on				}
ATE FORM	**						

PRINTED: 01/1(V2008 FORM APPROVED

STATEMENT OF DE AND PLAN OF COR	DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
:		09G005		B. WING_		12/1	3/2007			
NAME OF PROVIDE	R OR SUPPLIER		STREET ADD	DRESS, CITY, S	STATE, ZIP CODE	<u> </u>				
MTS				TH STREET, NE IGTON, DC 20019						
(X4) ID PREFIX (E TAG RE	EACH DEFICIENC\^	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY C IDENTIFYING INFORMA	FINI	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X3) COMPLETE DATE			
Gluco Mond SGO SGP Acco 2007 result abnor	T 72 H refer 72 H refer 72 H refer 92 H refe	erence range (74 - 10 rence range (4 - 13, erence range (15 - 37 erence range (28 - 7) dician's note dated Ma d the aforementioned ere was no evidence ere addressed or ma	0) 7) 7) arch 6, d lab that the	1401	Nursing discussed the abnormal variety with the PCP but both failed to wroutlining whether they are signific require further follow up. The lead will contact the PCP to follow up and will write a detailed note about outcomes of the discussion.  The QMRP will review the medicate audit for such concerns and aler RN in their routline monthly meeting.	ite notes ant and LNP further t the al records t the lead	1-18-08			
Each that the protect chapt laws. This season review protect.	he rights of restated in accordater, and other and other and other and on observation, the GHMRF actions of each sindings included Federal Deficies	ence director shall ence director shall ence with D.C. Law 2 applicable District and met as evidenced by an interview and rectabled to ensure the resident's rights.	and -137, this I federal ord	1500	3523.1 Client # 1's sister supports him in a important decisions. She has had h medication regimen reviewed with has agreed to sign a consent for the regimen. Her signature will be obta 1-30-08.	is her and	1-30-08			

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